

GIC Health Plan Rates – Monthly Rates *as of July 1, 2009*

For THE TOWN OF WEYMOUTH ENROLLEES



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

Includes 0.33% Administrative Fee



	TEACHER Who Retired Before November 24, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	17.75%	\$ 72.02	\$172.85	17.75%	\$ 72.02	\$172.85
Fallon Community Health Plan Select Care	17.75%	\$ 87.33	\$209.58	17.75%	\$ 87.33	\$209.58
Harvard Pilgrim Independence Plan	17.75%	\$ 93.42	\$226.09	17.75%	\$ 93.42	\$226.09
Health New England	17.75%	\$ 76.53	\$189.68	17.75%	\$ 76.53	\$189.68
Navigator by Tufts Health Plan	17.75%	\$ 92.14	\$222.00	17.75%	\$ 92.14	\$222.00
NHP Care (<i>Neighborhood Health Plan</i>)	17.75%	\$ 73.99	\$196.07	17.75%	\$ 73.99	\$196.07
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	20%	\$153.51	\$358.36	20%	\$153.51	\$358.36
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	20%	\$146.41	\$341.88	20%	\$146.41	\$341.88
UniCare State Indemnity Plan/ Community Choice	17.75%	\$ 73.01	\$175.21	20%	\$ 73.01	\$175.21
UniCare State Indemnity Plan/PLUS	17.75%	\$ 94.51	\$225.55	20%	\$ 94.51	\$225.55

Retirees and Survivors *WITH MEDICARE*

	TEACHER Who Retired Before November 24, 2008		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan*	12.5%	\$ 25.02	12.5%	\$ 25.02
Harvard Pilgrim Medicare Enhance	12.5%	\$ 43.75	12.5%	\$ 43.75
Health New England MedPlus	12.5%	\$ 45.42	12.5%	\$ 45.42
Tufts Health Plan Medicare Complement	12.5%	\$ 40.21	12.5%	\$ 40.21
Tufts Health Plan Medicare Preferred*	12.5%	\$ 22.27	12.5%	\$ 22.27
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	12.5%	\$ 44.13	20%	\$ 44.13
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	12.5%	\$ 42.80	20%	\$ 42.80

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Town of Weymouth Benefits Office.

**Rate questions? Call: Town of Weymouth Retirees – Weymouth Retirement Board 781.331.8721
Active Employees and MTRS – Human Resources 781.340.5010**